



Inconsistent Adherence to a Journal's Instructions for Authors: Case of Number of Authors in Letters to the Editor

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Authors are expected to follow a journal's instructions for authors (IFA), which acts as a rule book as to what is permitted, or not, when submitting a paper to that journal. The IFA exists as a dual-purpose document. Not only does the IFA protect the power of editorial decision over author abuses (e.g., ethical abuses), but it should also symmetrically protect the rights of authors against editorial abuses (e.g., unfair rejections). In other words, a journal's formally defined IFA allows editors to hold authors accountable for not following requested instructions, and vice versa, i.e., it allows (at least in theory) authors to hold editorial power and abuses in check. When instructions and rules that formally exist in the IFA are not respected by either authors or editors, it goes without saying that the IFA becomes a redundant and thus meaningless document, thereby reducing its power to protect editorial independence, or authors' rights (Al-Khatib & Teixeira da Silva, 2017). Therefore, if rules in the IFA are abused or disrespected (i.e., inconsistently used or applied), for example by employing contradictory policies or by not abiding by them, then what is the editorial and ethical value of the journal's IFA?

This case study focuses on what is considered the inconsistent application of the IFA of a "premier" medical journal, the New England Journal of Medicine (NEJM), which is published by the Massachusetts Medical Society, based in Boston, Massachusetts, USA. According to SJR, NEJM ranks fifth in the field of medicine for 2023 (SJR, 2024). Publishing since 1812, in its own words and descriptors,

the NEJM encourages authors to submit to this elite journal for the following reasons: 1) it is a "trusted and authoritative" journal that offers the "highest standards" in the field of medicine; 2) it follows rigorous (i.e., respected) editorial policies; 3) it has an "unbiased peer-review editorial process [that] sets the standard for medical publishing"; 4) the benefit of drawing the "careful attention of esteemed physician editors"; 5) a high 2023 Clarivate journal impact factor of 158.5, which suggests its influence in the medical literature (NEJM, 2024a). That auto-promotional set of value systems, branding, as well as publishing and ethics policies would surely convince any prospective author in the field of medicine to submit their paper to NEJM.

Using a small evidence set, I argue why aspects of the branding campaign by the NEJM are made somewhat irrelevant by the NEJM itself. I focus on the issue of the disrespect of the IFA, specifically the number of authors allowed for a letter to the editor (LTE), or correspondence, as classified by the NEJM (NEJM, 2024b). The NEJM publishes two types of LTEs, one in response to a paper recently published in that journal, while the second type can be on an independent and general topic (NEJM, 2024c). The NEJM clearly states that it allows a maximum of three authors for LTEs, noting that it "adheres strictly" to those policies (NEJM, 2024c) (Figure 1). The NEJM claims to follow the International Committee of Medical Journal Editors (ICMJE) ethics of authorship (NEJM, 2024b, 2024d). The final guarantee of compliance with ethics principles is presented as follows: "the New England Journal of Medicine is guided by the recommendations and policies related to research and publication ethics developed by the International Committee of Medical Journal Editors, the Committee on Publication Ethics [COPE], and the Council of Science Editors" (2024d). Indeed, the NEJM is a COPE member journal (COPE, 2024).

Those claims of limits to the number of authors per

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A Letter to the Editor

Comment on recently published NEJM articles, novel cases, or other topics of current interest to the medical science and health care communities.

Maximum words: 175/400

- When in reference to a NEJM article published within most recent 3 weeks: 175
- When not in reference to a recent NEJM article: 400

Elements:

- **Maximum of 3 authors**
- See specific instructions for [Letters to the Editor](#)

B All letters:

- May be signed by **up to three authors**

Figure 1: Unambiguous guideline in the NEJM IFA that indicates that a LTE can have a maximum of three authors (highlighted in red boxes). This rule is indicated clearly in the “Article Types” page (NEJM, 2024b) (A) and “Letters to the Editor” page (NEJM, 2024c) (B). Date of screenshots: 4 May 2024.

LTE were put to a practical test on 4 May 2024. The volume of LTEs published in NEJM between 2004 and 2023 was assessed using Scopus. In 2004-2023, a total of 13,478 documents were found. Two trends can be appreciated from that historical assessment: a) a marked decline in the average number of authors per LTE of just under 5.5 in 2004 and 2005, to a drastic reduction to about 2.2 in 2006; b) a gradual increase in the average number of authors per LTE between 2006 and 2023 (Figure 2A). Furthermore, the vast majority of LTEs (12,171 or 90.3%) conform to the maximum of three-authors rule, with 3323 LTEs having one author, 3106 LTEs having two authors, and 5742 LTEs having three authors (Figure 2B). In other words, 9.7% of all LTEs published between 2004 and 2023 in NEJM, equivalent to 1307 LTEs, have four or more authors, in violation of its own three-author limit rule, with the maximum number of authors in one LTE being 61. In addition, the number of authors listed for LTEs published in 2024 was assessed manually. On that date, the NEJM had already published 32,391 LTEs (i.e., total since inception), 84 of them

until 4 May 2024 (NEJM, 2024e). On the NEJM page for several LTEs, authorship is not listed, or at least it is not obviously visible. However, authorship is clearly visible on PubMed, so the authorship of each LTE was verified manually via its digital object identifier (DOI). With the exception of six LTEs, which appeared to be responses by the original authors of LTEs in response to their original papers, of the remaining 78 LTEs, 12 (or 15.4%) had four or more authors (Table 1).

Translated, a substantial body of LTEs published in 2024 were in direct violation of the NEJM IFA and ethical policies related to the authorship of LTEs, specifically the number of authors permitted for each LTE. The 2024 value (15%) was higher than the historical value of 9.7% assessed for the 2004-2023 period, according to Scopus (Figure 2A). While the importance of this violation in ethics policies (i.e., IFA) is self-evident, it needs to be stated emphatically, for clarity. The NEJM, a COPE member journal, has an established set of ethics, including related to authorship in its IFA, and in the case of LTEs, the limit to the number of authors is set at three per LTE. While it can be argued that 85% of the authors of the 78 LTEs published in 2024 were ethics-compliant (at least with regards to this code related to number of authors, as established in the NEJM IFA), a substantial number of authors were not.

On 1 July 2024, the corresponding authors of the 12 LTEs in Table 1, who hold the greatest responsibility in responding to such queries (Teixeira da Silva, 2024), were contacted by email, with an opportunity to offer an explanation why the number of authors in their LTEs exceeded the three-author regulation in the NEJM IFA, and which NEJM editor approved that exception. In that email, it was noted that their responses (or lack thereof) would be noted anonymously in this paper. Of note, of the 12 LTEs, one did not have a corresponding author indicated, the majority (75%) had a single corresponding author, while the remaining LTEs had two or more corresponding authors. All of the emails were delivered, i.e., there were no email bounces or non-delivery notices. By 8 July 2024, only one corresponding author responded, indicating that their manuscript had been originally submitted as a brief report, but that the NEJM accepted it as an LTE. That corresponding author did not indicate who the handling editor was.

Whether the authors unilaterally decided to breach limits to the number of authors, or whether editorial discretion was employed, it is argued that ultimately, the journal is responsible for ensuring adherence to its own established rules, principles, and values. In essence, by not respecting or by inconsistently using or applying this aspect of its own IFA, i.e., the

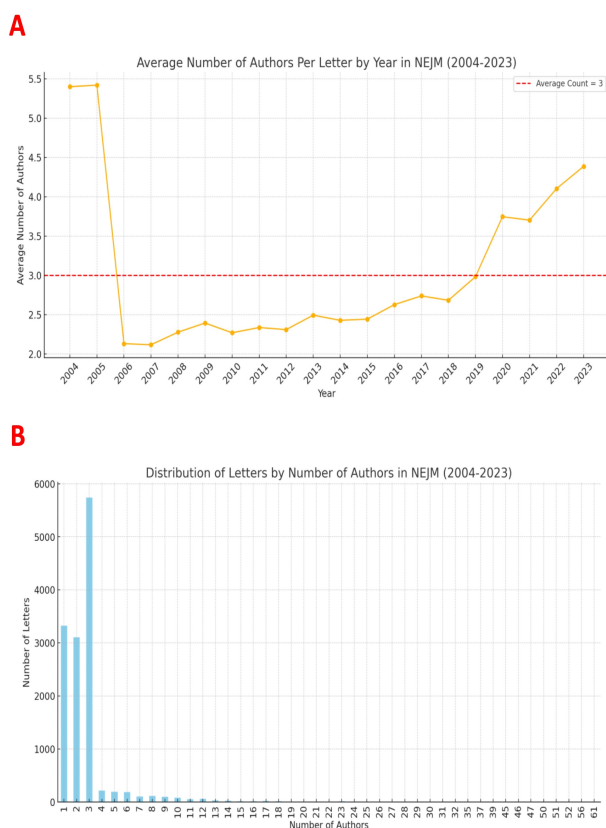


Figure 2: Volume of letters to the editor (LTEs), or correspondence, published by the NEJM during 2004-2023, according to Scopus. Average number of authors per LTE based on year (A). Number of LTEs based on number of authors (B). Date of assessment: 4 May 2024.

number of authors per LTE, harms the reputation of the NEJM because it gives the impression that select stated policies are irrelevant. This is because even though they are specified clearly on the journal's webpage, i.e., in black and white, they can be changed or disrespected. Allowing this "exceptionalism" to exist also contradicts several of the journal's branding claims made above. Typically, ethical infractions, or violations to established norms in a journal's IFA, are met with penalties in the real world of academic publishing ethics, but in the case of the NEJM, a journal claiming to be compliant with ICMJE and COPE ethics policies, at least one of those rules, i.e., with respect to the stipulated number of authors allowed for LTEs, those norms or rules do not seem to be applied widely, or consistently. The wider implications of this lack of respect for its own publishing criteria, values and/or ethics is that the standing of (i.e., respect for) the NEJM could be partially lost if medical researchers who abide by the rules and who also publish in this elite status quo journal feel that the ethics and/or rules can be easily abused or manipulated, or at least knowing that there is no editorial pressure to adhere to them. The unstated harm

done to rule-abiding authors, especially those that respected the authorship rules (i.e., 85% of the authors of the 78 LTEs published in 2024, or the 90.3% of authors who published LTEs in 2004-2023), cannot be understated. In essence, for rule-abiding authors, the ability of rule-violating authors to be able to publish in the same journal is unfair (or is perceived as being unfair) because they might too have wanted to pen more than three authors to their LTEs. Rule-abiding authors might lose respect for the NEJM if they can appreciate, using evidence presented in this paper, that a two-tier dichotomy of rules are being applied in practice.

A response from the Manager of Editorial Administration to an email request sent to NEJM on 8 May 2024 to offer an explanation for these exceptions to the three-author rule was received on the same day, noting merely that: "Exceptions to the author limit are at the editors' discretion." One has to wonder which other rules, as defined in the NEJM IFA, are subject to "the editors' discretion". At the heart of the issue is that the NEJM has displayed little or no transparency regarding this three-author LTE limit rule. Consequently, neither the NEJM, nor its editors, can be held accountable. If perhaps one or two LTEs might have exceeded the three-author limit slightly, for example, by including four authors, then such irregularities could be ascribed to unintentional editorial oversight, or limited editorial discretion. However, it is difficult to ascribe editorial oversight or discretion to such a voluminous number of LTEs that do not respect the three-author limit for LTEs.

Without a doubt, having a LTE (or any other paper category) published in NEJM is a source of personal pride. Not only, it can be argued that, given its extremely high Clarivate journal impact factor, SJR rank, and other ethics branding, that publishing an article (including a LTE) in NEJM (or other high-ranked medical journals) brings with it immeasurable prestige and career-uplifting benefits (Hsu et al., 2023). In some countries where these metrics and journal standings are abused, commercialized or otherwise gamed for personal and professional gains, the ability to score an article (even if only a LTE) in top-tier medical journals on their curriculum vitae would open up a world of opportunities (Carr et al., 2020), which would be amplified if the impact factor and other metrics of the journal are amplified, as occurred with the NEJM as a result of publishing an abundance of COVID-19 research (Delardas & Giannos, 2022). And while there is no evidence that this is the case for the authors of the 15% of 2024 LTEs who are in violation of NEJM's stated policies on authorship number for LTEs, the fact is that an intrinsic policy has been

LTE <i>NEJM</i> web address (with DOI in suffix) ¹	Number of authors ²
https://www.nejm.org/doi/full/10.1056/NEJMc2405371	19
https://www.nejm.org/doi/full/10.1056/NEJMc2312906	6
https://www.nejm.org/doi/full/10.1056/NEJMc2313870	11
https://www.nejm.org/doi/full/10.1056/NEJMc2313119 ³	6
https://www.nejm.org/doi/full/10.1056/NEJMc2400665	8
https://www.nejm.org/doi/full/10.1056/NEJMc2213180	28
https://www.nejm.org/doi/full/10.1056/NEJMc2400528	6
https://www.nejm.org/doi/full/10.1056/NEJMc2312941	6
https://www.nejm.org/doi/full/10.1056/NEJMc2312556	25
https://www.nejm.org/doi/full/10.1056/NEJMc2306575	11
https://www.nejm.org/doi/full/10.1056/NEJMc2312807	4
https://www.nejm.org/doi/full/10.1056/NEJMc2311867	6

¹ Listed chronologically in terms of publication date and listing on the *NEJM* search engine (*NEJM*, 2024e), newest first, oldest last

² As verified on PubMed on 4 May 2024, via DOIs; although a total of 84 LTEs were listed, six appeared to be responses by original authors to LTEs, and thus these “response” letters were excluded.

³ No corresponding author was indicted for this LTE.

Table 1: Letters to the editor (LTE) published between 1 January and 4 May 2024 that had four or more authors, in violation of the three-author limit formally established by the *NEJM* (*NEJM*, 2024b, 2024c).

violated. Alternatively, the esteemed *NEJM* editors and/or management have, through publication, offered implicit approval for such exceptionalism to established written rules, and thus allowed this violation to occur with impunity, which seems to contradict basic tenets of editorial freedom and independence (Bhui et al., 2024). Unless this is their inalienable right as editors? The greater concern is that this may induce an unpleasant set of questions that require formal published editorial responses stemming from additional investigations (these questions also underlie the limitations of this paper):

- 1) Why were those authors allowed to “bend” the rules to their advantage? In only one case, did the author ascribe the decision to the *NEJM* itself.
- 2) Why did the *NEJM* editors allow established rules in the IFA to be “bent”, and is a broad response of “editorial discretion” satisfactory?
- 3) Are there any editorial biases or conflicts of interest, including potential links or relationships with authors of rule-violating LTEs, or their institutions, that may have allowed this IFA clause to have been disrespected?
- 4) Which editors were in charge of each of the 12 LTEs listed in Table 1, and of the 1307 LTEs published in 2004–2023, and how can or should they be held accountable?
- 5) What percentage of the authorship of

other manuscript types are in violation of author/authorship-related codes of conduct and rules established formally by the *NEJM*?

6) Are there violations of other codes of conduct and rules (e.g. word count, number of references, etc.) as established formally by the *NEJM*’s IFA?

Could these violations to authorship limits for *NEJM* LTEs have any effects on research quality or peer review fairness? Since the *NEJM* does not employ an open peer review format, it is impossible to appreciate precisely why these violations have taken place at the level of peer review, as well as at the level of editorial handling. It is not even clear if LTEs are peer reviewed, or whether they are only handled by the editor-in-chief and/or select editors, so there is an additional issue of opacity regarding the editorial process itself.

Separately, a short LTE has specific advantages and disadvantages related to a longer one, and these also are related to advantages and disadvantages for the authors of LTEs. For example, an LTE with few authors allows for a rapid response to a published article, or to offer a rapid view on a topic of interest. In contrast, an LTE with many authors would require a greater level of coordination between authors, which could be time-consuming, although these “costs” might be offset by having a publication – even if only an LTE – in the prestigious *NEJM*.

Ultimately, the rights of authors (Al-Khatib & Teixeira da Silva, 2017) who abided by the NEJM rules for LTEs have been indirectly violated while the benefits of those authors who violated those rules (or who were allowed to violate those rules due to editorial “discretion”) have been amplified, i.e., based on the current evidence, a diametrically opposed system of unfairness is operational at the NEJM, at least pertaining to the number of authors allowed in LTEs. Another way to interpret the superficial (or even potentially false) claim of the NEJM that it follows ICMJE and COPE ethics principles, is that such IFA-related claims are merely a form of branding because the terms “guidelines” (e.g., by COPE) and “recommendations” (e.g., by the ICMJE) imply choices (for both authors and editors), but in practice are not mandatory clauses that need to be followed (Teixeira da Silva, 2023). In other words, even though rules may be written on paper (or in journal IFAs), in practice, both authors’ compliance and editorial implementation are flexible, optional, or arbitrary, either because authors are allowed to violate such clauses, or because editorial “discretion” allows such codes to be violated. More research on journals’ IFAs is thus needed (Malički et al., 2021). This type of article offers a way to present empirical evidence as a case-like study.

Authors may feel the need or wish to voice a disagreement with a journal’s established policies (ethics or otherwise), including oddities, violations of IFA rules, and other irregularities, as has been documented to some extent for NEJM LTEs, so it is essential to have an author’s expression of concern that is managed and moderated by an unbiased third party (Teixeira da Silva & Yamada, 2024). Absent such a system to protect authors’ rights and concerns about the lack of strict adherence to editorial policies, editorial abuses and publishing irregularities risk an unabated continuation, at the NEJM and elsewhere in ranked medicine journals, without accountability, and with impunity.

This case related to the NEJM sets a very poor precedent and example for the medical academic and publishing communities. Home institutional bias (Falk Delgado & Falk Delgado, 2018), as well as home country publishing bias, i.e., a bias towards publications emerging from the USA, accounting for about 65% of all publications between 2000 and 2019, was shown for the NEJM (Zhu, 2021). NEJM authorship displays an under-representation of authorship minority groups (Abdalla et al., 2023). The NEJM has also been criticized for its relatively opaque conflicts of interest policies, namely the lack of disclosure by authors who received high payments (Baraldi et al., 2022). In brief, there is much to be desired re-

garding the opacity related to publishing practices at the NEJM (Carr et al., 2020), as well as actual or perceived editorial bias (Baumgartner, 2019).

If violations and the lack of respect towards (or failure to abide by) an elite medical journal’s IFA are allowed to take place, as was also noted regarding the NEJM several years ago (Macklin, 2016), then what message does this send to other ranked and indexed medical journals, and with what moral voice would they (or others) be able to criticize lower-ranked and/or non-indexed medical journals of flaunting ethics policies? Equally importantly, how does such “ethical exceptionalism” valorize (or devalue) the ICMJE and COPE brands, which are intrinsically associated with the NEJM? This lack of consistent adherence to an elite medical journal’s IFA can have a negative ripple effect on the trustworthiness of elite medical journal brand, and on associated ethics brands.

The clauses in the NEJM’s IFA seem to be clear and specific, so I am of the opinion that they would not require much change. However, editorial accountability is sorely lacking and that could be addressed by implementing an author’s expression of concern or open peer review, even for LTEs, and to address, on a case-by-case basis, why each of the LTEs in Table 1 did not adhere to the three-author rule, and why some were allowed to have so many authors. The NEJM editors could easily publicly address this issue by publishing a detailed and transparent editorial or open letter to the NEJM readership. Such an action would go a long way to shoring up trust and accountability.

Finally, there are obvious limitations to this paper. It only focuses on a single status quo medical journal, the NEJM. Future analyses could focus on additional high-ranking medical journals to appreciate if there is a divergence between stated rules and policies in theory (i.e., in journals’ IFAs) and in practice (i.e., violation of rules, related to limits on author number, word count, reference number, etc.). This paper also only focused on number of authors per LTE, but other specific rules, as defined in the IFA, could also be analyzed.

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Conflicts of Interest

The author declares no conflict of interest.

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